PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Oocket Number

			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			32	2				RATE	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			3 D min	nus 20=	* 12			X\$ 9=	108	OR	X\$18=	
INDEPENDENT CLAIMS			(m	inus 3 =	•	0		X42=	0	OR	X84=	
ME	ILTIPLE DEPE	NDENT CLAIM P	RESENT					440		1		
* If the difference in column 1 is less than zero, enter "0" in column						column 2		+140=	0	OR	+280=	
CLAIMS AS AMENDED - PART II								TOTAL	483.	OR	TOTAL	
		(Column 1)	MICIADEL	(Colum		(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
		CLAIMS		HIGH			~ I		4001	1		4664
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 33	Minus	5	2	=		X\$ 9=	900	OR	X\$18≈	
AME	Independent	*	Minus	***	3	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								TOTAL		OR	TOTAL	
			ADDIT. FEE		,	ADDIT. FEE						
		(Column 1) CLAIMS		(Colum	EST	(Column 3)	7 6		ADDI-			4001
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9≈		OR	X\$18=	1 66
ME	Independent	*	Minus	***		=	11	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		J	440				
+140=										OR	+280= TOTAL	
ADDIT. FEE									<u></u>	OR ,	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA	\prod	RATE	ADDI- TIONAL FEE	Ī	RATE	ADDI- TIONAL FEE
	Total	*	Minus	44		=	1	X\$ 9=		OR	X\$18=	166
	Independent	*	Minus	***		2	1	X42=		ı	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280≈	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT, FEE	
		nber Previously Pai					er four	nd in the app	ropriate box	in colu	ımn'1.	